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Date: April 21, 2006

Must Be Sent By:

To: Examiner H. Lee

Fax No: (571) 273-8300

Company: USPTO, Art Unit 2877

Phone No: (571) 272-2419

Re: In re Patent Application of
Inventor: Gould et al.
Appln. No.: 10/039,769
Filing Date: December 31, 2001
Title: SCANNING SPECTROPHOTOMETER FOR HIGH
THROUGHPUT FLUORESCENCE DETECTION AND
FLUORESCENCE POLARIZATION

From: Anthony G. Smyth

Phone No: 858.509.4007

User No: 15636

C/M No: 016417-0272123

Comments:

Attachment(s):

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Amendment in response to outstanding Office Action mailed December 29, 2005, 2 Terminal Disclaimers (each in duplicate), RCE, Extension of Time Request, and Fee Transmittal for the above-identified application.

(Current Due Date: April 29, 2006)

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PTO/SB/21 (02-04)

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| | | |
|---|------------------------|----------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/039,789 |
| | Filing Date | 12/31/2001 |
| | First Named Inventor | Gene Gould |
| | Art Unit | 2877 |
| | Examiner Name | LEE, Wha S. |
| | Attorney Docket Number | 016417-0272123 |
| Total Number of Pages in This Submission | 35 | |

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| ENCLOSURES (Check all that apply) | | |
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| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer (2) <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks RCE; Fax Cover Sheet | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | |
| Firm or Individual name | Anthony G. Smyth, Reg. No. 55,636 Pillsbury Winthrop Shaw Pittman LLP | |
| Signature |  | |
| Date | April 21, 2006 | |

| CERTIFICATE OF TRANSMISSION/MAILING | | |
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| Typed or printed name | Sachiko Y. Snedden | |
| Signature |  | Date April 21, 2006 |

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PTO/SB/17 (12-04)

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| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL for FY 2005 | | Complete if Known | |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Application Number | 10/039,769 |
| TOTAL AMOUNT OF PAYMENT (\$ 785 | | Filing Date | December 31, 2001 |
| | | First Named Inventor | GENE GOULD |
| | | Examiner Name | LEE, Hwa S. |
| | | Art Unit | 2877 |
| | | Attorney Docket No. | 016417-0272123 |

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- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fee Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|---------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Multiple dependent claims

| Fee (\$) | Small Entity Fee (\$) |
|----------|-----------------------|
| 50 | 25 |
| 200 | 100 |
| 380 | 180 |

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |
|---|---------------|----------|---------------|---------------------------|----------|---------------|
| 65 | 380 or HP = 4 | X | 0.00 | | | |
| HP = highest number of total claims paid for, if greater than 20 | | | | | | |
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | | | |
| 8 | 380 or HP = 2 | X | 100.00 | | | 200.00 |
| HP = highest number of independent claims paid for, if greater than 3 | | | | | | |

3. APPLICATION SIZE FEE

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| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| 100 | | | 125.00 | |

4. OTHER FEE(S)

| | | |
|---|--|--------|
| Non-English Specification, 130 fee (no small entity discount) | 1 Month Extension of Time (Fee Code: 2251) | \$60; |
| | 2 Terminal Disclaimers (Fee Code: 2814) | \$130; |
| Other: | Ref Fee Code: 2801 | \$395 |

| | | | |
|-------------------|---------------|------------------------|----------------|
| SUBMITTED BY | | Registration No. | Telephone |
| Signature | | (Attorney/Agent) 55636 | 858509.4007 |
| Name (Print/Type) | Anthony Smyth | Date | April 21, 2006 |

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PTO/SB/17 (12-04)
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|---|--|---|--|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4518). FEE TRANSMITTAL for FY 2005 | | Complete if Known Application Number <u>10/039,769</u> Filing Date <u>December 31, 2001</u> First Named Inventor <u>GENE GOULD</u> Examiner Name <u>LEE, Hwa S.</u> Art Unit <u>2877</u> Attorney Docket No. <u>016417-0272123</u> | |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | | |
| TOTAL AMOUNT OF PAYMENT (\$) <u>785</u> | | | |

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| FEE CALCULATION | | | | | | | |
|---|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|---|
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fee Paid (\$) |
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |
| 2. EXCESS CLAIM FEES | | | | | | | |
| Fee Description | | | | | | | Small Entity Fee (\$) 60 25 |
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | | | | | | | 200 |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | | | | | | | 360 |
| Multiple dependent claims | | | | | | | 180 |
| Total Claims <u>65</u> Extra Claims <u>4</u> Fee (\$) <u>X</u> = <u>0.00</u> Fee Paid (\$) <u>0.00</u> | | | | | | | Multiple Dependent Claims Fee (\$) <u>0.00</u> Fee Paid (\$) <u>0.00</u> |
| HP = highest number of total claims paid for, if greater than 20 | | | | | | | |
| Indep. Claims <u>4</u> Extra Claims <u>2</u> Fee (\$) <u>X</u> = <u>200.00</u> Fee Paid (\$) <u>200.00</u> | | | | | | | |
| HP = highest number of independent claims paid for, if greater than 3 | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| Total Sheets <u>130</u> Extra Sheets <u>30</u> Number of each additional 50 or fraction thereof <u>1</u> Fee (\$) <u>125.00</u> = <u>125.00</u> | | | | | | | Fee Paid (\$) <u>125.00</u> |
| 4. OTHER FEE(S) | | | | | | | |
| Non-English Specification, 130 fee (no small entity discount) | | | | | | | Fee Paid (\$) <u>130.00</u> |
| 1 Month Extension of Time (Fee Code: 2251) | | | | | | | Fee Paid (\$) <u>60.00</u> |
| 2 Terminal Disclaimers (Fee Code: 2814) | | | | | | | Fee Paid (\$) <u>130.00</u> |
| Other: _____ | | | | | | | Fee Paid (\$) <u>0.00</u> |

| | | |
|--|--|------------------------------|
| SUBMITTED BY | | |
| Signature <u>[Signature]</u> | Registration No. (Attorney/Agent) <u>55636</u> | Telephone <u>858509.4007</u> |
| Name (Print/Type) <u>Anthony Smyth</u> | Date <u>April 21, 2006</u> | |

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